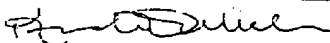


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).		Complete If Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2005</h2>		Application Number	10/789,252
		Filing Date	February 27, 2004
		First Named Inventor	Michael J. Sullivan <i>et al.</i>
		Examiner Name	Raeann Gorden
		Art Unit	3711
		Attorney Docket No.	B04-06
TOTAL AMOUNT OF PAYMENT		(\$) 310.00	

METHOD OF PAYMENT	
Deposit Account For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	Deposit Account Number: <u>502309</u> Deposit Account Name: <u>Acushnet Company</u>
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				
Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	
2. EXCESS CLAIM FEES				
Fee Description				Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200
Total Claims	- 20 or HP =	Extra Claims	Fee (\$)	Fee Paid (\$)
	0	0	50	0
HP = highest number of total claims paid for, if greater than 20				
Independent Claims	- 3 or HP =	Extra Claims	Fee (\$)	Fee Paid (\$)
	0	0	200	0
HP = highest number of independent claims paid for, if greater than 3				
3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	(round up to integer)	Fee (\$)	Fee Paid (\$)
	0	/ 50 =	250	0
4. OTHER FEES				
Submission of Information Disclosure Stmt \$180				Fee Paid (\$)
Other: Statutory Disclaimer \$130				

SUBMITTED BY			
Signature		Registration No. 43,583	Telephone (508) 979-3015
Name	Kristin D. Wheeler	Date	1/28/05